

Health Department, City of Baltimore.

Permit No. A. 371

Office of Registrar of Vital Statistics.

Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Jan.

14

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Alex J. Davis

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 25

Years,

7

Months,

14

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

Cor dyan

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Scotland

Duration of Residence in the City of Baltimore.

12 Years

Place of Death, { Give Street and Number. }

715 Eub St.

Cause of Death, { First (Primary),

Consumption of Lungs

Second (Immediate),

Enlargement of liver

Duration of Last Sickness,

3 Years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedra

Date of Burial, Jan 16/07

Undertaker, J. B. Cook

Place of Business, 1003 W. Baltimore

G. St. Louis

M. D.

Medical Attendant.

Address, 1501 Preston

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back.

Health Department, City of Baltimore.

Permit No. A 32

Office of Registrar of Vital Statistics.

Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Albert Chaney

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, Months, 15 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 209 Parrish Alley

Duration of Residence in the City of Baltimore, 3 Mos 15 days.

Place of Death, { Give Street and Number. } 209 Parrish Alley

Cause of Death, { First (Primary), Bronchitis
Second (Immediate), " }

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 15/87

Undertaker, J. B. Cook Edward H. London M. D.

Medical Attendant.

Place of Business, 1003 E. Baltimore Address, 1127 N. Market St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

Health Department City of Baltimore.

Permit No. A 373

Office of Registration of Vital Statistics.

Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Craig

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 33 Years, — Months, — Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } not known

Occupation, Hostler

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, Eight Years

Place of Death, { Give Street and Number. } City Hospital

Cause of Death, { First (Primary), Heart disease - Mitral Valor - Second (Immediate), Failure of Heart }

Duration of Last Sickness, not known

All the above information should be furnished by the Physician.

Place of Burial, E. Belvoir Cemetery

Date of Burial, June 14/87

Undertaker, Geo. Reinhardt

Place of Business,

Address, City Hospital

Resident Physician

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department of the City of Baltimore.

Permit No. A 814 Office of Registrar of Vital Statistics. Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1887Full Name of Deceased, Thomas M. Mann
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }Sex, Male or Female, male
{ Cross out the word not required in this line. }

Age, 47 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }

Occupation, Sailor

Birth Place, Made
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 8 years

Place of Death, City Hospital

Cause of Death, Primary, Pneumonia
Second (Immediate), Heart Failure

Duration of Last Sickness, Not 1 month

All the above information should be furnished by the Physician.

Place of Burial, E. Baltimore

Date of Burial, June 14/87

Undertaker, Geo Rinehart

Place of Business,

Ernest le Stuart M. D.

Residence

City Hospital

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back.

Health Department, City of Baltimore.

Permit No. A 375 Office of Registrar of Vital Statistics. Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death, June 14th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Joseph Mahan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 6 Months, 0 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Balto

Life

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 1265 Exeter

Cause of Death, { First (Primary), }

Cholera infantum

{ Second (Immediate), Convulsions }

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, June 15 1887

Geo. B. Reynolds M. D.

Medical Attendant.

{ Undertaker, Les P. Byrne }

{ Place of Business, Front St }

Address, 711 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 376 Office of Registrar of Vital Statistics. Ward 94

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within 24 hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 14 1887

Full Name of Deceased, { James J Fraizer
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 8 Months, Days

Color, Leol

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary),
Second (Immediate),

chd infant

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 14 1887

Undertaker, Alex Hensley

Place of Business, 5610 Phanell

J Hattner

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.*

[OVER.]

The special attention of Physicians is respectfully invited to the following points in this Certificate

Board of Health, City of Baltimore,

Permit No. A 377 Office of Registrar of Vital Statistics. Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. **B**

Date of Death, June 13th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Ann Anderson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Eighteen Years, Six Months, Days,

Color, Negro

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation House-girl

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Kent Co. Md.

Duration of Residence in the City of Baltimore, Since childhood

Place of Death, { Give street and Number. } 942 N. Howard St

Cause of Death, { First (Primary), Bright Disease }

Second (Immediate), Malaria

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 15, 1887 C. H. Keeler M. D.

Undertaker, Aly Kersley Medical Attendant.

Place of Business, 566 Orchard St Address, 210 W. Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department of Baltimore.

Permit No. A 378

Office of Registrar of Vital Statistics.

Ward 6 1/2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 14th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Gray

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 5 Months, 7 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give Street and Number. }

624 1/2 Washington St

Medical Department

Exhumation

Cause of Death, { First (Primary),

Second (Immediate),

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 16th

Undertaker, Geo Schilling

Place of Business, Ashland Bazaar

John A. Agard

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Physician who attended any person in a last illness, is respectfully invited to the signature below, and to list of Diseases on back of this Certificate.

Health Department City of Baltimore.
Permit No. A 379 Office of Registrar of Vital Statistics. Ward 16²
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within *twelve hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm H. Parker

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 3 Years, 3 Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City of Baltimore

Duration of Residence in the City of Baltimore, 3 mths

Place of Death, { Give Street and Number. } 944 Leadenhall St

Cause of Death, { First (Primary), Second (Immediate), } Inflammation

Duration of Last Sickness, 2 mths

All the above information should be furnished by the Physician.

Place of Burial, Burial Grounds

Date of Burial, June 15 1887

Undertaker, W. Ross

Place of Business, 404 Lombard Address, 912 Light

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health BALTIMORE, Baltimore,

Permit No. A 380 Office of Registrar of Vital Statistics. Ward 22

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~fourteen days~~ ~~fourteen days~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE ISSUED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, June 14 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emeala L. Shahn

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 4 Years, Months, Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States. } - Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and Number. } 1216 Canton St

Cause of Death, { First (Primary), } Diphtheria

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem.

Date of Burial, June 15. 1887

A. W. Elam

M. D.

Undertaker, John Sternig.

Medical Attendant.

Place of Business, 2008 Orleans St. Address, 1015 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]